

**EASTERN SANITARY LANDFILL
BALTIMORE COUNTY, MD
BUREAU OF SOLID WASTE MANAGEMENT
COMMERCIAL CREDIT ACCOUNT RULES**

If you are approved for a credit account based on this application, your drivers will not be required to pay the disposal fee at the time of each visit to the Eastern Sanitary Landfill Solid Waste Management Facility. Instead, Baltimore County will bill you once a month. At no time will you be able to exceed a \$10,000 credit limit unless prior approval has been given. A monthly statement will be mailed to the billing address on your credit application for any balance due on your account. Notification regarding any dispute or error on your monthly statement must be received within sixty days of the invoice date in writing at the Bureau of Solid Waste Management. Any transaction not disputed within the sixty (60) day period is deemed valid and authorized. You are responsible for notifying the County within ten (10) days of any change to your billing address and for any other changes in the information provided on your credit application.

Payments of monthly statements may be sent to the Office of Budget and Finance, Courthouse Room 150, 400 Washington Avenue, Towson, Maryland 21204-4665, and received in that office no later than 30 days from the date of the current invoice or paid online at baltimorecountymd.gov/solidwaste and click the link for Eastern Sanitary Landfill Invoices. When paying your account by mail attach a copy of your invoice or write your invoice number on your check to insure proper credit to your account. **To avoid problems, please do NOT pay by individual transactions that occur during the month.**

Payment for a current invoice is due 30 days from the date of the invoice. If payment is not received by that date, your account will be delinquent. **IF YOUR ACCOUNT BECOMES DELINQUENT, YOU WILL BE DENIED FURTHER ACCESS TO ALL BALTIMORE COUNTY DISPOSAL FACILITIES UNTIL THE BALANCE ON YOUR ACCOUNT IS PAID IN FULL.**

Baltimore County reserves the right to revoke your credit account:

- 1) If the account is delinquent 3 or more times in a 6 month period.
- 2) If 2 or more checks tendered by you in payment of the account are returned by the bank.
- 3) If your account is inactive for a period of one year.
- 4) If the account violates the credit account rules.

If you have any questions about monthly invoices or statements, a specific ticket transaction, your credit account or to report changes to the information on the credit application, call **Diana Anders**, Bureau of Solid Waste Management, at **410-887-3592**, Monday-Friday, between 6:00 a.m. and 3:00 p.m.

***Note: All waste delivered to the facility MUST be generated in Baltimore County.**

I have read, understand, and agree to abide by the rules stated above to maintain a credit account at the Eastern Sanitary Landfill Solid Waste Management Facility.

Date

Authorized Signature (This field is required and constitutes as an electronic signature)

Title

Printed Name

All CREDIT APPLICATIONS FORMS MUST BE RETURNED. The forms may be mailed to the address below or scanned by email to solidwaste@baltimorecountymd.gov.

**Mailing Address:
Bureau of Solid Waste Management
Nicholas Rodricks, Bureau Chief
111 W. Chesapeake Avenue, Room 211
Towson, MD 21204**

**BALTIMORE COUNTY, MD
DPW – BUREAU of SOLID WASTE MANAGEMENT
EASTERN SANITARY LANDFILL
COMMERCIAL ACCOUNT APPLICATION**

I hereby make application for extension of credit to cover disposal charges on refuse to be hauled into the Eastern Sanitary Landfill Solid Waste Management Facility and submit the following information relative thereto:
(All information must be filled out completely)

Date of Application: _____

Company Information

Business Name:		In Business Since:
Type of Business:		
Individual/Sole Proprietor or LLC <input type="checkbox"/>	C Corporation <input type="checkbox"/>	S Corporation <input type="checkbox"/>
Partnership <input type="checkbox"/>	Trust/estate <input type="checkbox"/>	Other <input type="checkbox"/>
Federal Tax ID Number:	State Tax ID Number:	
Name of Owner:		
Address		
City	State	Zip Code
Email address		Phone:
Business Address		
City	State	Zip Code
Business Email address		Phone

Alternate Contact Information

Last:	First:	Phone:
Last:	First:	Phone:
Last:	First:	Phone:

Complete the following regardless of whether the applicant is a corporation, partnership, or individual

Estimated Average Number of Tons Per Month
Estimated Maximum Number of Tons Per Month
Types of Refuse
Origin of Materials

Bank References

Institution Name:
Address:
Phone:

Credit References

Business Name:
Address:
Phone:
Business Name:
Address:
Phone:

If the business is a corporation, indicate the name/address of the corporate officers:

President Name:
Address:
Vice President Name:
Address:
Secretary Name:
Address:
Treasurer Name:
Address:

I hereby certify, that to the best of my knowledge, all information as contained in this application is correct, and agree to update application information anytime the information changes. I agree to pay all charges incurred by my company for disposal of refuse at the Eastern Sanitary Landfill Solid Waste Management Facility.

_____	_____	_____
Date	Signature (This field is required and constitutes as an electronic signature)	Title

Printed Name: _____

FOR OFFICE USE BELOW

APPROVED: _____
Nicholas Rodricks, MPH
Bureau Chief
Bureau of Solid Waste Management

ACCT. # _____ **Date Assigned:** _____